

Deaf and Hard of Hearing Quarterly Reporting Form Instructions

The quarterly reporting form should be completed for all services provided through state general funding from the Mental Hygiene Administration (MHA) through the Core Service Agencies. This includes funding for visual sign language interpretation, i.e. American Sign Language in order for consumers to access public mental health services. Such services include outpatient mental health treatment or outpatient mental health clinic (OMHC), psychiatric rehabilitation program (PRP), residential rehabilitation program (RRP), and supported employment program (SEP).

Purpose of Reporting: To gather data on the type of services rendered to individuals who are deaf and hard of hearing and the number receiving services.

How to Complete Form: Please follow instructions below

Page 1:

Item 1 - Enter city or county

Item 2 - Enter 1st day of reporting period

Item 3 - Enter the last day of reporting period

Item 4 - Enter person to contact regarding questions

Item 5 - Enter name of organization completing the report

Item 6 - Enter email address of the person to contact regarding reporting form

Item 7 - Enter phone number of person completing the form

Item 8 - Enter fax number of person completing the form

Budget Information Table: Enter funding spent for interpreting services only in first row for each quarter. In the second row, enter funding spent for services only for each quarter. Below the table enter amount of funding spent to reimburse an interpreter for mileage reimbursement. This amount is in addition to funding paid for interpreting services.

Comments: (Optional). This section is to be used to list comments regarding the budget.

Page 2: Table (Persons Served)

Please complete for both interpreting only contracts and contracts for services provided by signing staff in outpatient treatment settings, PRP, RRP, or SEP.

Row 1 – Enter all persons receiving interpreting services during the quarter. This includes persons who were carried over from the previous reporting period and new persons served during the quarter.

Row 2 – Enter only new persons receiving interpreting services for the quarter. If person was counted in previous quarter and are still receiving services, do not count again.

Row 3 – Enter the total number of interpreting hours provided for all persons served

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Row 4 – Enter the total number of sessions provided for all persons served

Row 5 – Enter total number of persons receiving services OMHC, PRP, RRP, or SEP services through a signing staff and through the use of an interpreter. This figure should include persons served in previous quarter and new persons served.

Row 6 – Enter the total number of new persons served. Persons who received services in previous quarter should not be counted.

Table – Type of Services

Row 1 – Enter the total number who received outpatient treatment services for each quarter

Row 2 – Enter the total number who received PRP services for each quarter

Row 3 – Enter the total number who received RRP services for each quarter

Row 4 – Enter the total number who received SEP services for each quarter

*Please note rows 5 – 8 are to be completed for Type of Interpretation Services only

Row 5 – Enter the total number of persons who received visual language interpreting such as American Sign Language Interpreting, Spanish Sign Language Interpreting, etc.

Row 6 – Enter the total number of persons who received interpreting services through a computer assisted real time transcription (CART) onsite

Row 7 – Enter the total number of persons who received interpreting services through video remote interpretation.

Row 8 – Enter the total number of persons who received interpreting through remote CART transcription

Page 3 – Demographics (Please complete for both Interpreting only and Other Services)

Please enter the total number of persons served by age, gender, diagnosis, co-occurring substance use, and veteran status each quarter

How to Submit Quarterly Reports: Reports are to be submitted to Marian Bland, MHA's Office of Special Needs Populations according to quarterly reporting schedule through Core Service Agency. Email: blandm@dhhm.state.md.us